

## APPLIANCE

### TABLE VIEWER AS AN AID TO CLINICAL DEMONSTRATION\*†

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WHILE a dermatologist can demonstrate a case to a dozen students simultaneously, the ophthalmologist, owing to the size or position of eye lesions, may have to do so to the members of his class successively. To avoid delay and discomfort to patients, it is essential, therefore, that each student should understand clearly in advance what he is trying to see.

At Edinburgh, lantern-lectures are given in a theatre in the clinic itself, the subject being determined by the presence of one or two cases of a given disease, which are thereafter demonstrated clinically. This has the added advantage that pictures can be shown of other stages and of the underlying pathology of the disease. Facts demonstrated so systematically are far more likely to be retained than the salient points of six or seven cases demonstrated clinically as they occur in out-patients.

Unfortunately, in the Leeds Infirmary Eye Department, as in most teaching hospitals, there is not enough space for a conventionally annexed lecture-theatre for lantern-slide projection.

#### Apparatus

A compromise solution occupying little space may be found in the Kodaslide Table Viewer. This projects 35-mm. slides on to a small ground glass screen (8" × 8") which is visible in daylight to six or twelve people at once. As they could not obtain an import licence for this instrument, which is made in the U.S.A., Messrs. Theodore Hamblin and Co. made the device shown here. It consists of an Aldis projector, which is British-made and available in most teaching hospitals, fitted in a collapsible box containing a mirror which reflects the projected image on a ground glass daylight viewing screen. The projector and a plastic case for fifty slides fit into the box; the dimensions are 21" long, 14" wide, and 11" high when folded up, and 38" long, 14" wide, and 19" high when fully extended (see Figure overleaf).

*Slides for Elementary Teaching.*—Hamblin's catalogue contains 337 coloured slides of ophthalmological conditions, but these are hand-painted and necessarily expensive.

After some experiment the firm have been able to reproduce these as 35-mm. transparencies suitable for this instrument at one-eighth of the price. The colour values, while naturally not as perfect as the originals, are adequate for undergraduate and even post-graduate teaching.

\* Received for publication January 6, 1953.

† Read to the North of England Ophthalmological Society on November 29, 1952.

Pictures of a certain number of common conditions (*e.g.*, iridocyclitis, fluorescein-staining, corneal ulcer, lacrimal abscess, and ophthalmia neonatorum) were not available and these have had to be synthesized with certain features a "little larger than life". It may be possible later on to replace some of these by colour photos as suitable cases present themselves.

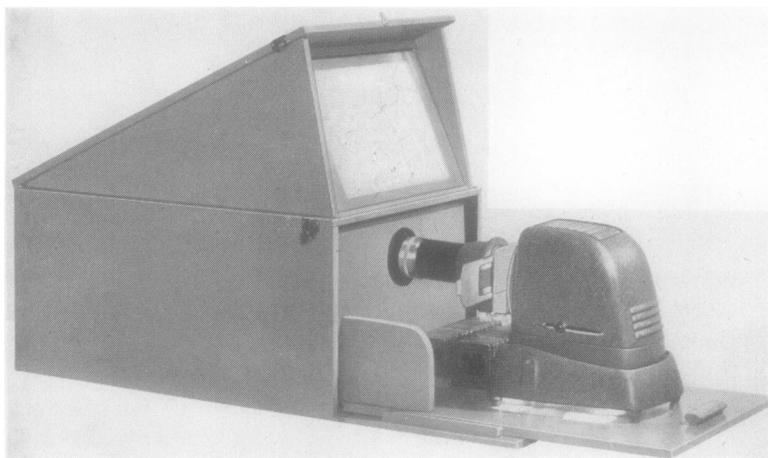


FIGURE.—Table viewer for use with coloured slides.

The selected series of fifty slides covers the diagnostic aspect of elementary clinical ophthalmology fairly well, and this can even be done by a smaller number if certain "comparative slides" devised by the author are employed.

These slides are fundus pictures, divided into quadrants, each representing a separate fundus condition. For example the differences due to pigmentation in the appearance of the normal fundus in blonde, brunette, Mediterranean, and negroid types.

The undergraduate of today does not seem to have enough time to attend the special operating theatres, so that for clinical (and even more for didactic lecturing) slides illustrating eye operations would also be of value. A further series of fifteen to twenty semi-diagrammatic slides in black and white to cover this part of the subject is in preparation.